



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

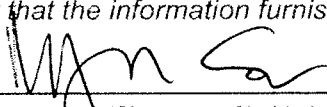
PART I LOBBYIST

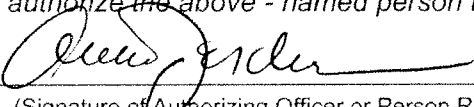
NAME (Last)	(First)	(Middle)	TELEPHONE
Oh	Myoung	S	808 733-7060 x104
MAILING ADDRESS (Street)			FAX
1136 12th Avenue, Suite 220			808 737-9070
(City)	(State)	(Zip Code)	
Honolulu	HI	96816	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii Association of Realtors	808 733-7060	
MAILING ADDRESS (Street)	FAX	
1136 12th Avenue, Suite 220	808 737-9070	
(City)	(State)	(Zip Code)
Honolulu	HI	96816
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Myoung Oh	808 733-7060 x104	
MAILING ADDRESS (Street)	FAX	
1136 12th Avenue, Suite 220	808 737-9070	
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 _____ (Signature of Lobbyist)	1/5/07 _____ (Date)

PART V AUTHORIZATION TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Anne Deschene		Executive Vice President
NAME OF ORGANIZATION (if applicable)		TELEPHONE
Hawaii Association of Realtors		808 733-7060
MAILING ADDRESS (Street)		FAX
1136 12th Avenue, Suite 220		808 737-9070
(City)	(State)	(Zip Code)
Honolulu	HI	96816
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
 _____ (Signature of Authorizing Officer or Person Represented)		1/05/06 _____ (Date)